

Supplementary Material

Questions about COVID-19 related impact on adolescents' daily functioning:

How has COVID-19 (Coronavirus) changed your day-to-day life?

	Negative Impact (made it worse)	No Impact At All (didn't change it)	Positive Impact (made it better)
Sleep	1-----2-----3-----4-----5-----6-----7		
Diet	1-----2-----3-----4-----5-----6-----7		
School	1-----2-----3-----4-----5-----6-----7		
Relationships with family	1-----2-----3-----4-----5-----6-----7		
Relationships with friends	1-----2-----3-----4-----5-----6-----7		
Extracurricular activities	1-----2-----3-----4-----5-----6-----7		
Sports/exercise	1-----2-----3-----4-----5-----6-----7		
Job	1-----2-----3-----4-----5-----6-----7		
Physical health	1-----2-----3-----4-----5-----6-----7		
Mental health	1-----2-----3-----4-----5-----6-----7		
Religion / spirituality	1-----2-----3-----4-----5-----6-----7		
Long-term goals	1-----2-----3-----4-----5-----6-----7		
Anything else?	_____		

Questions about COVID-19 related stressors:

To what degree did you experience any of the following stressors as a result of COVID-19 (Coronavirus)?

	Not at all	Slightly	Moderately	Very	Extremely
I didn't have access to basic needs (e.g., food, medication)	1-----	2-----	3-----	4-----	5-----
Money problems	1-----	2-----	3-----	4-----	5-----
Fighting/arguing/conflict at home	1-----	2-----	3-----	4-----	5-----
Being cutoff from contact with needs (e.g., food, medication) others	1-----	2-----	3-----	4-----	5-----
Not being able to go out or leave home when I want to	1-----	2-----	3-----	4-----	5-----
Not being able to attend special events (e.g., prom, graduation)	1-----	2-----	3-----	4-----	5-----
Having to change who I'm living with	1-----	2-----	3-----	4-----	5-----
Not being able to see people I care about in person	1-----	2-----	3-----	4-----	5-----
Someone I care about getting sick	1-----	2-----	3-----	4-----	5-----
Worries about getting COVID-19 (coronavirus) yourself?	1-----	2-----	3-----	4-----	5-----

Questions about coping strategies:

How much are you doing the following things to cope with COVID-19 (Coronavirus) and the changes and rules put in place as a result of the virus?

	Not at all	Rarely	Sometimes	Often	Very Often
Spending time with family in person	1-----	2-----	3-----	4-----	5-----
Spending time with family via technology (phone, social media)	1-----	2-----	3-----	4-----	5-----
Spending time with friends in person	1-----	2-----	3-----	4-----	5-----
Spending time with friends via technology (phone, social media)	1-----	2-----	3-----	4-----	5-----
Browsing the internet/social media	1-----	2-----	3-----	4-----	5-----
Watching movies or shows	1-----	2-----	3-----	4-----	5-----
Sleeping	1-----	2-----	3-----	4-----	5-----
Isolating/staying to myself	1-----	2-----	3-----	4-----	5-----
Using mindfulness, meditation, or relaxation strategies	1-----	2-----	3-----	4-----	5-----
Exercising	1-----	2-----	3-----	4-----	5-----
Yoga	1-----	2-----	3-----	4-----	5-----
Engaging in distracting activities	1-----	2-----	3-----	4-----	5-----
Watching the news	1-----	2-----	3-----	4-----	5-----
Eating/cooking	1-----	2-----	3-----	4-----	5-----
Avoiding thinking about what is going on	1-----	2-----	3-----	4-----	5-----
Wishing things were different	1-----	2-----	3-----	4-----	5-----
Anything else?	_____				

Question about perceived coping effectiveness:

Not at all Slightly Moderately Very Extremely

How helpful have these coping strategies been to deal with the effects of COVID-19?

1-----2-----3-----4-----5